Office of Health Equity (OHE) Think Tank Meetings

Staff Notes

4/14/2016

CC1.1: Build broad-based community support on health and mental health equity issues through education and dialogue, heightening awareness of the social determinants of health

Participants: Deb Marois, Katie Valenzuela Garcia, Marina Augusto, William Porter, Denise Middlebrook, Dalila Butler, Shirley Darling, Dorette English, Hermia Parks, Fabian Perez, Leah Meyers, Tamu Nolfo, Dante Allen

Grassroots Support: There is **grassroots support** for ambitious changes. There is a groundswell of energy. Legislators are hearing about health and mental health equity and communities are organizing to bring the issues forward.

We must draw on people's **lived experiences** to maintain integrity in the dialogue and guide our efforts. OHE staff should continue to be available to meet, hear what folks are saying, and take action on partnership, making shifts to keep improving (this is an iterative process). The California Equity Leaders Network is one forum in which to dialogue.

OHE must focus on mobilization and giving people information that is easily understood, while providing **technical assistance** to local jurisdictions to identify the issues in each of their communities and support in order to move forward with their goals.

Engagement and Consultation: There is a concern with **stakeholder buy-in** from some communities. Shirley noted that by engaging with mosques (which sometimes cluster regionally under an umbrella organization), the Muslim and refugee communities will be able to voice their concerns. The most important aspect is to foster real dialogue. Likewise, we must approach Tribal communities as partners. Any training we conduct must be **culturally and linguistically appropriate**. Statewide tribal level discussion is important, especially pertaining to mental health – with suicide prevention as a key priority.

The OHE Community Development and Engagement Unit (CDEU) has prioritized tribal community engagement. There is an Executive Order for **tribal consultation**. A policy has been drafted. Kurt Schweigman has recently been hired. The next step is to engage stakeholders on the ground. This is something that was called out specifically in the CDPH accreditation process.

Youth Leadership: Success would be a really strong **youth voice**. There is a youth engagement initiative under the Nutrition Education and Obesity Prevention Program. Strong interest in

youth participatory engagement research models and evidence-informed practice. This could revolutionize how mental health is approached in California.

We must have **youth engagement right from the start**, have youth advocating for youth rights. There needs to be a focus on behavioral health and mental health in regards to this community. Gathering of Native Americans (GONA) is a perfect example of youth involvement. Denise is putting together one of these 4-day events in June. Young people are acting as advisors. We need to **elevate their position** in our planning processes. Dalila mentioned that the Alliance for Boys and Men of Color is another opportunity for engagement of young people.

Text.Talk.Act. is a platform to get young people to talk about mental health. This could be adapted to get them to engage in **voting** as well as an effort to engage youth.

Broadening the Definition of Health: At PolicyLink, the definition of health covers physical, mental, social and economic health. Denise added the spiritual health should also be included, mapped over the Medicine Wheel. She noted that substance use disorders and spiritual needs have been neglected in funding streams.

CDEU staff recently attended the 2016 Summit on Population Health. There is attention on **Prevention and Early Intervention** as well as **Innovation**. OHE is looking to move the needle, with the Mental Health Services Oversight and Accountability Commission as a partner. We are leveraging this relationship to move ideas forward and look more closely at **community-defined evidence programs.**

Social Media: Can help create dialogue regarding social determinants of health. Social media can also help create a dialogue between Public Health and youth. Not all information from Public Health goes out to everyone; Katie noted that many individuals/communities are left out. There is a need for technical assistance on **how to maximize the use of social media**, to ensure as much inclusivity as possible. OHE is pushing the envelope, pioneering work in social media with CDPH. OHE is currently engaging a firm to create a social media plan. Deb noted that there has been lots of activity in the Mental Health Services Act (**MHSA**) to use social media. What are the lessons learned? Could we tailor a specific campaign to **shift attention toward the social determinants of health**?

Social Determinants: Is there an opportunity to coalesce the youth activist organizations around the social determinants? **Generation One** is the President's model. Participants have to commit and become involved in the social issues.

There are some very conservative counties. We need to **use mandates** to get them to address these issues. We need to understand restrictions caused by grant constraints and how to use

mandates because some counties won't address the social determinants of health (there is not enough concern for the impact on minority populations).

CalBRACE (within OHE's Policy Unit) has as a priority engaging with **local health offices** to address issues such as heat, drought, flooding, air quality, and wildfires (which create respiratory problems) through a framework designed by the Centers for Disease Control.

Community development and planning needs to intersect with public health. The **built environment** and how communities are designed leads to disparities. We also need to bring public health and mental health more closely together. The built environment impacts physical and mental health. We need to draw on people's lived experience in their neighborhoods and illuminate the social determinants in a way that people can relate to.

Creating Community Solutions Network launched after the Sandy Hook tragedy. Sacramento was one of the first cities to launch a dialogue and action plan. It is a **model for how to bring communities together** to dialogue around mental health, and it could be adapted to the social determinants.

A few follow up thoughts in an email from Deb:
MHSA/CalMHSA sponsored a student mental health initiative...this might be an avenue to identify youth groups throughout the state involved with MH issues. Here is Sacramento, Norcal Mental Health America has done a lot of work in this area. They've had a locally produced TV show for years called Mental Health Matters - youth are part of the production. As part of our local Creating Community Solutions efforts, young people created a segment to raise awareness. Stephanie Ramos is the Operations Manager at NorCa MHA...she started as a MH advocate as a teenager after her sister was diagnosed with mental illness. Stephanie is the co-chair of the Sac County MHSA Steering Committee and an amazing person. Highly recommend you speak to her (and maybe engage her as an advisor at the state level!). She led the Youth Social Media Action Team for our local Creating Community Solutions Network.

Another thought: there is a network of both Mental Health First Aid and Youth Mental Health First Aid trainers throughout California. They host community trainings to help lay people learn how to respond to MH issues, to provide support and connect people to resources. Somehow tapping into this network might help to shape the dialogue and bring social determinants of health into the conversation.

5/3/16 - Health in All Policies-Themed Think Tank

AHP1.1: Identify the health and mental health equity practices in fields with potential health partners.
CHP1.1: Facilitate common understanding of health and mental health equity and the social determinants of health between potential health partner agencies and organizations.
IHP1.1: Use a Health in All Policies approach to embed health and mental health equity criteria in decision-making, grant programs, guidance documents, and strategic plans.

Meeting Participants

- Anina Sanchez, CDPH Home Visiting Program
- Francis Lu, UC Davis and Office of Health Equity Advisory Committee Member
- Kristi Olivares, Alliance for Community Research and Development
- Steve Russo, UC Merced and Alliance for Community Research and Development
- Sergio Aguilar-Gaxiola, UC Davis Center for Reducing Health Disparities and Office of Health Equity Advisory Committee Member
- Lisa Eisenberg, California School Based Health Alliance
- Adiam Mengis, Lawyer and Public health practitioner
- Tonia Hagaman and Jenny Wong, CDPH Tobacco Control Branch
- Jan King, Area Health Advisor for West Los Angeles and OHE Advisory Committee Member
- Willie Graham, Pastor and OHE Advisory Committee Member
- Office of Health Equity Staff: Karen Ben-Moshe, Kelsey Lyles, Solange Gould, Tamu Nolfo, William Porter, and Fabian Perez

Key Questions Discussed
How could HiAP Task Force stakeholder engagement be strengthened?
Have you participated in state-level stakeholder engagement that felt particularly successful?
Are there resources or partnerships that should be on our radar?
What would success for the HiAP-related objectives look like?

In response to these questions, participants discussed who the HiAP Task Force's primary stakeholder are, asked about examples of tangible outcomes, and discussed how HiAP can make explicit links to policies with an equity lens, particularly around economic development (e.g., parental leave). There was also discussion about existing research on effective stakeholder and community engagement practices. For example, Health Affairs released articles on community and patient engagement recently.

Next Steps

- Disseminate link to the HiAP Routine Updates to the SGC
- http://sgc.ca.gov/Initiatives/HiAP-Resources.html
- Disseminate a link to Action Plans and Action Reports
- http://sgc.ca.gov/Initiatives/HiAP-Action-Plans.html
- Disseminate a link to the Action Plan to Promote Violence-Free and Resilient Communities
- http://sgc.ca.gov/pdf/HiAP%20Action%20Plan%20to%20Promote%20Violence-Free%20and%20Resilient%20Communities_%20End....pdf

8/9/16

IC1.3: Research Health Equity Zones and other place-based models to assess the feasibility of replicating or expanding such interventions at the neighborhood level in California.

Facilitators:

- Tamu Nolfo: Senior Project Manager at the Office of Health Equity (OHE)
- Monica Casanova: OHE Intern

Guest speakers:

- Carol Hall-Walker, Associate Director of Health (Division of Community Health & Equity), Rhode Island Department of Health (RIDOH)
- Mia Patriarca, RIDOH Project Officer
- Kaying Hang, Director of Health Programs for Sierra Health Foundation

Conference Call:

- Introductions
- Carol Hall-Walker/Mia Patriarca: Their experience with Rhode Island's Health Equity Zone/answer questions.
- Kaying Hang: Her experience in overseeing the San Joaquin Valley Health Fund. Discuss how Sierra Health came to concentrate on the San Joaquin Valley and what she thinks we might be able to do to build on the effort there and/or replicate it in other areas of the state.
- Q/A and Brainstorming portion: Differences between Rhode Island's Health Equity Zone and efforts in California? Could we adopt some components of Rhode Island's model? How and where?

Conference Call

- Tamu: We organized this think tank as a way to hear from folks within and outside state government in how we should see to our goals in the Portrait of Promise (POP). One of them is to build mechanisms for the Office of Health Equity (OHE) to establish ongoing engagement.
    - Think tanks are to help us think through these goals. This is the first of the summer. The goal for health equity zones (HEZs) is to research it so we can assess feasibility of replicating or expanding these efforts at the neighborhood level in California
    - First stage HEZ POP goal- So much interest in this goal to start discussing it and hear about others working in this space and hearing from them
    - Periodic issue briefs are another goal in POP
    - People on agenda today have graciously agreed to tell us about their work on HEZs
- Rhode Island Department of Health (RIDOH): Model for the rest of the country and we want to see how this works.
- Carol Hall-Walker: HEZs invest in local communities and improve population health. Looking at disparities data, we were improving in some areas but obesity, physical

activity, mental health substance abuse, etc. had setbacks. Mixed results in access to healthcare etc.

- Anna Novais is the brain child of this effort. Healthy Nation in DC 2009, Friedman shared the pyramid, looking at social and environmental determinants of health, making healthy choice the best choice.
- When she returned from the conference, we adapted the health equity framework for the equity pyramid. We added 3 elements: collaboration, integration, and partnership because we don't have local public health departments so we rely on local partners
- The thought was to hone in on a place based approach and support communities in addressing issues important to them. How do we invest sustainable community change and improve population health outcomes?
- Prior to HEZ, we funded Community Health Equity and Wellness (CHEW) grants and gave $100,000 grants to CBOs that serve low income neighborhoods. We promoted Healthy and Safe sustainable communities to try and implement evidence based programs…
- CHEW worked 3 years, and there were many lessons learned. We realized they were more project-based rather than place-based. We prepped Requests for Proposals (RFP's), and established 5 guiding principles:
    - Redefining geographic location- hone in on a contiguous geographic area serving minimum 5,000 people
    - Use local assessment to establish a baseline and evaluate the advancing of health equity needle for county or city
    - Community assessment mapping- community readiness for zone work
    - Collective impact framework to look into sustainability to leverage resources as they establish HEZ
- Funding for this work = state and federal. Will be implemented over 3-4 year period, entering period 2 right now. Community needs have been assessed, now we are working on year 2 focusing on maternal/child health, chronic disease, and social and environmental conditions. Work to include community engagement so that they are invested in place/state initiatives and empowered to build resilience
- HEZ goals to improve health of communities that have higher rates of chronic disease, reduce health disparities, and to improve social and environmental issues. We have city-wide, neighborhood-based, school-based initiatives as well as county-based
- We put out RFP and letter of intents. Community needs to identify a backbone organization that will serve as a collaborative partner to advance health equity work
    - Town of Bristle: city wide HEZ. Completed community needs assessment. Substance abuse, food deserts, transportation, physical activity for elderly were top findings. Coalition representative of community and Community-Based Organizations (CBOs) that work in community, identify challenges and lessons learned.

        - Mia is Project Officer for HEZ for this area.
        - Mia: Great evolution of our investments on communities to work at a local level. Identified problems and solutions for us to partner around. Working with their priorities and needs and embracing community led approach. Traditionally in Public Health, there has been a top down approach, we wanted to do a model revolved around figuring out best way to engage and partner with communities. Health metrics and indicators aren't moving in the direction we want them to so we need to do work.
    - A number of examples we can share are city or neighborhood focused. As we move forward, we have established strategic priorities of HEZ. Leadership at the highest level that want to focus on disparities and is willing to try a different and innovative approach is *important.*
    - This is very much a partnership approach where communities have a strong say in what they feel needs to be addressed and affects funding. We have pushed the envelope to the edge in terms of some of our categorical funding for maternal child health and from CDC chronic disease grants that ask us to engage with communities and address diabetes and pre diabetes. We have learned some hard lessons in terms of pushing that hard development but we believe in community engagement to address chronic disease focused approach.
    - Not being able to have green space and safe physical activity space and safe interaction with police to be visible in the community were concerns. Director has placed a key role in elevating this work.
- Tamu introduces Kaying: Oversees San Joaquin valley concern and seemed like it had a HEZ approach in terms of zoning in on area of the state that has its share of inequities and concentrating resources in that area.
- Kaying: San Joaquin Valley (SJV) geographical area: it encompasses southern part of the Central Valley. Central valley made up of 18 counties. SJV: 8 counties including Stockton to Bakersfield.
    - Inequities: the valley is huge, population of more than 3 million people 49% Hispanic/Latino, 1/3 under 18 years old, 24% poverty, 40% are on assistance programs. 15% unemployed, 17% in Merced. 500,000 people are food insecure, 6%. Water quality is an issue, 25% small community water systems violate standards. Poor air quality- implications of this are upper respiratory conditions particularly for children. Redlining zones, inadequacy of parks under freeways and poor air quality areas. What have the investments been? SJ Counties receive less money. SJV does not have a fair share of philanthropic investment. Referred to as the "Appalachia of the west."
    - What did we do? Sierra Health Foundation (SHF) along with CA Endowment came to gather SJ Health Fund. The Center for Health Program Management oversees this health fund that has grown to be a collaborative of 7. 2 national funders (CA wellness foundation, BlueCross, Rosenberg, etc.). Fund intends to make the SJV a healthier place through these partnerships. Serves as an

investment in organizations doing work on the ground. Policy and systems change- promote CBOs in implementing programs change
    - 2nd year in terms of grant support. We have made an investment of $1.6 million in different organizations. We have a regional lens for policy work. Create a policy committee to expand reach. Continually learn about conditions in valley, collaborate with centers for change.
    - Have had 4 Town hall meetings out in the field to collect data.
    - Established a 5 year goal with a 10 million $ investment with at least 100 organizations on the ground doing work. Optimistic about where we are heading. We are hearing there has not been an effort to date like this.
    - Equities include racial and health equities. It became clear to us that the greatest inequities are also large communities of color. That's why racial lens is so salient
    - Important to have the highest level of leadership involved. Leadership of all of our funders makes it possible to get funding and go to our partners and say "we are with you". Timeline allows us to assess our work and make necessary changes.
    - How might we be able to walk across different issues? Workforce development and farmers' rights, brining people together allows us to work across sectors and areas.
    - Everyone is committed to learning and teaching in the core force. We often are meeting in the field doing tours funded by grantee partners and provided with space to educated funders about our issues.
    - Interested in being able to document learnings with the hope that other regions might want to replicate with tweaking. We believe it is important and have early learnings.
- Tamu: Place-based approach seems to be advantageous to going deep into neighborhood and at a regional level. Different folks can help work across sectors. When does it make sense to focus on local level or county level? Because city of Sacramento is a Promise Zone, a federal designation. How can we move forward and have a better understanding?
- Evidence based programs- diabetes prevention programs- evidence based programs for child health. Some of our partners are implementing complete street polices, with a focus of improving walkability and neighborhood safety for physical activity. Increase freedom of movement.
    - Food systems: mobile markets to expand healthy foods options. Get more healthy produce in communities
- Yvette: question for Kaying- African American (AA) underrepresented in SJV.
- Kaying: We weren't specific about targeting a population. We asked community partners to identify populations that needed the most help. AA are included in our efforts. There are some areas where AA are or are represented in some areas than others.
- Dexter Louie: not much has been said about getting education community involved. Obesity and violence takes place early on in childhood. We've been trying to address current issues but maybe it should be more early on.

- Carol Hall-Walker: one of the criteria for receiving funding that HEZ have to build a mutli-sector collaborative that includes education, healthcare, health systems partners to maintain representation. Education or schools system is an important partner.
    - School initiatives we have been doing: focusing specifically on geographic neighborhood area
    - Healthy school initiative; working with district Wellness Committee to create action plans. We are collaborating around priorities. For instance, some partners managed to get legislation passed that education schools get at least 20 minutes of recess. Physical activity during class. Emphasizing getting children involved in physical activity programs at parks or school districts where they can use gym or field after hours. Certainly an emphasis on children. Each head is supposed to be focusing on different stages- lifecourse approach.
- Dr. Lynn-Silver: AB2424 Wellness funds- Many of us working towards health equity have identified the problem that funding represents. Federal prevention funds aren't reaching all communities. A group of organizations have been meeting for a year and created CA alliance for Funding Prevention to have a steady stream of funds for health equity to improve chronic disease and health. We haven't passed but we have recognized the need for funding and attention to continued funding. We need extended funding of a broader level.
    - Wellness Fund is to support communities across California to prevent chronic disease